



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
CHILD CARE FACILITY  
INSPECTION REPORT**

|               |                 |                |   |  |                                      |
|---------------|-----------------|----------------|---|--|--------------------------------------|
| REASON        |                 | GRADE<br><br>D | Inspection Date:<br>8/10/17                 | ESTABLISHMENT NAME:<br>THE YOUNG LEARNER CENTER  |                                      |
| Regular       | RATING<br><br>A |                | Time In/Out:<br>3:15PM   3:45PM             | OWNER/OPERATOR:<br>SMN NICOLAS, CORAZON H  |                                      |
| Follow-Up     |                 |                | Sanitary Permit No.:<br>20000-170061824     | LOCATION: 515 E. SANTA BARBARA AVE. DEDEDO   | Establishment Type:<br>CCC / NURSERY |
| Complaint     |                 |                |   | PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired |                                      |
| Investigation |                 |                | No. of Children: 15 Male 13 Female 28 Total | Child Care License: No.: 15001 / <input checked="" type="checkbox"/> Valid / / Provisional / / Expired                       |                                      |
| Other:        |                 |                |   |  |                                      |

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name &amp; Title):

Received By (Name & Title): Rhea Francisco / Director

DEH Inspector (Name &amp; Title):

J. GARCIA EPHO